

# BEST AVAILABLE COPY

Lamont Hunter  
PCT International Division  
(703) 305-3336

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/030869</b>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	1	1				51		
2	1		1			52		
3		1	1			53		
4	2		1			54		
5	2		1			55		
6	2		1			56		
7	2		1			57		
8	2		1			58		
9	2		1			59		
10	2		1			60		
11	2		1			61		
12	2		1			62		
13	2		1			63		
14	2		1			64		
15	2		1			65		
16	2		1			66		
17	2		1			67		
18	2		1			68		
19	1		1			69		
20	2		1			70		
21	2		1			71		
22	2		1			72		
23	2		1			73		
24	2		1			74		
25	2		1			75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.			1			TOTAL IND.		
TOTAL DEP.		24				TOTAL DEP.		
TOTAL CLAIMS		23				TOTAL CLAIMS		